

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<u>APF</u>	JC-900	08-20-01
RESPONSE FORMALITY REVIEW	<u>SL</u>	1021	11/14/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date				
Final	Original	1	2	3	4
①	✓	✓	✓	✓	
2	✓	✓	✓		
3	✓	✓	✓		
④	=	-	✓		
5	▲	=	✓		
6	1	=	✓		
7	≥		✓		
8	≤		✓		
9	=		✓		
10	=		✓		
11	≥		✓		
12	=		✓		
⑬	✗	✓			?
14	=		✓		
15	=		✓		?
16	≤		✓		
⑯	=		✓		
18	≥		✓		
19	≤		✓		
20	=		✓		
⑳	✓		✓		
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35	▲				
36	1				
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

Claim	Date
Final Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date			
Final Original				
101				
102				
103				
104				
105				
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				
147				
148				
149				
150				

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here